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BY THE BOOK

There are two Family PACT Standards that require referrals for services not covered by the program:

Standard D - Access to Care - #4

"Referrals to local resources shall be made available to clients when needed medical and psychosocial services are beyond the scope of the provider's organization, including, but not limited to, domestic violence and substance abuse related services. Services beyond the scope of Family PACT are not reimbursable by the program."

Standard F - Clinical and Preventive Services - #5

"Referrals shall be provided to appropriate resources for needed medical and psychosocial services not covered by this program, including high-risk conditions and specialty consultation, if needed."

Developing and Utilizing A Comprehensive Referral Network

Family PACT has created access to family planning reproductive health care for millions of uninsured and underinsured women and men in California. Many of these clients present with multiple health issues beyond the scope of Family PACT services. As a result, Family PACT providers are frequently in need of local resources to refer clients who have health or social service concerns beyond the scope of family planning.

Most providers have an established referral network and the Family PACT program supports this practice by requiring providers to maintain such a network. (See "By the Book" for the Standards) A comprehensive referral network is comprised of individuals, practitioners and agencies which are able to assist a client in meeting medical, social, mental health and financial needs. The types of referrals that are most often needed include those for primary care, mental health, advanced reproductive health care, intimate partner violence and sexual abuse. Other referrals may include services for drug and alcohol treatment, emergency services such as food and housing, legal and advocacy assistance, and employment and job training.

Identifying Referral Sources

Identifying referral sources in your community that you know and trust can be done in several ways. You may wish to access existing lists for your community through local acute care and/or university hospitals.

Other sources for existing resource lists include local nonprofit organizations and county offices, including the County Department of Public Health and medical associations. Some agencies maintain resource binders that have these referrals categorized based on age (teens vs. adults) and/or specialty.

If you are creating your own resource list, the Internet and the phone book offer a wealth of information. However, it is critical to make contact with a resource before adding it to your list, not only to find out all of the pertinent information needed for clients, but to develop a working relationship with that agency or provider.

To locate primary care services look for:

- 1) Community Clinics and/or Community Health Centers;
- 2) County Health Systems- ambulatory care and specialty care;
- 3) Emergency Rooms – necessary but not a preferable source; and
- 4) Private practitioners who see low income individuals paying out of pocket.

Many of the publicly funded Primary Care clinics can be identified at the following Internet sites:

California Primary Care Association

www.cPCA.org

California Primary Care Clinics

www.oshpd.ca.gov/hqad/Clinics/clinlist.htm

FAMILY PACT PROVIDER SUPPORT RESOURCES

OFFICE OF FAMILY PLANNING – (916) 650-0414

Contact the Office of Family Planning regarding programmatic and administrative questions about the Family PACT Program.

PROVIDER RESOURCE LINE – (877) FAMPACT

Call this 24-hour toll-free line regarding any questions about Family PACT benefits, referral sources, and upcoming Family PACT training.

FAMILY PACT BILLING, TELEPHONE SERVICE CENTER HOTLINE – (800) 541-5555

Telephone Service Center operators will assist you with Family PACT billing issues and questions.

PROVIDER ENROLLMENT – (916) 650-6794

Medi-Cal providers applying to enroll in the Family PACT Program can contact Family PACT Provider Enrollment regarding the application process and current status.

FAMILY PACT WEB SITE – www.familypact.org

The Family PACT web site provides the most up to date information regarding the Family PACT Program such as training dates and locations, registration brochures, and health education materials. You can download the Policies, Procedures and Billing Instructions (PPBI) manual, Client Eligibility Certification (CEC) form, Family PACT materials order form, and Federal Poverty Level guidelines.

MEDI-CAL WEB SITE – www.medi-cal.ca.gov

To access the monthly Medi-Cal Bulletins, visit this web site. The Medi-Cal Bulletins are the official program notification of benefit changes to the Family PACT program such as additions and deletions of laboratory tests and services.

Developing and Utilizing A Comprehensive Referral Network continued

Federally-funded clinic www.ask.hrsa.gov/pc

Your staff should call referral sources every six months to make sure they are current. Sending clients to sites that no longer exist will reflect negatively on you and your agency.

Making an Effective Referral

- Create a one-page listing with addresses and telephone numbers of local agencies that you know and trust that most clients can use. When possible give clients several options for each type of service.
- Stress the importance of a referral appointment to the client and explain how the referral can help.
- Explain what to expect at the appointment. Give the client a clear idea of what will happen, who they will see, etc. Review questions that may be asked and how long it may take.
- Relieve the client's anxiety. Take the time to listen to the person's fears; ask if there's anything that's worrying them. Encourage the person to call if there are any questions or further concerns that arise.
- Offer to call for the client to arrange the appointment.
- Consider creating a standard referral form that captures all of the pertinent information needed by the client to follow through on the referral
- Repeat the referral information or provide written information. Write down the address, phone number and contact person's name and offer directions to that office. If having a written referral might threaten a client's safety (i.e. domestic violence), make sure you give them easy-to-remember information.
- Explain what costs the client can expect. This requires keeping your referral files up to date about fees and whether or not Medi-Cal patients are accepted.
- Explain how to prepare for the referral visit (if appropriate), such as papers needed for the visit, special preparations needed, etc. Also tell clients what to say when they arrive for the referral appointment (I was referred to you by...).
- Protect the client's confidentiality. Secure the client's written permission to send medical records, if needed. Only send information that is relevant to the referral problem.
- Document the referral in the client's record.
- Ask client for feedback about the referral at their next visit. Remind clients to tell you if there is any problem with the referral you gave, otherwise you may not get that feedback.

Making a Referral for a Family PACT Covered Service

Family PACT providers are required to provide the full range of Family PACT services either on-site or by referral. The provider must have an established referral arrangement with other Family PACT or Medi-Cal providers for services not provided on site or if there is insufficient volume to ensure and maintain a high skill level for delivering that service.

Contraceptive methods and other services that may be provided by referral are:

- Contraceptive implants
- Intra-Uterine Contraceptives (IUCs)
- Diaphragm
- Fertility Awareness Method (FAM)
- Female and male sterilizations
- Dysplasia treatment
- Complications of primary family planning methods
- Complications of secondary STI (sexually transmitted infection) treatments
- Complications of UTI and Dysplasia treatment

In order for the rendering provider (i.e., a Medi-Cal provider) to be reimbursed by Family PACT, he or she needs specific information from the referring Family PACT provider including:

1. The referring provider's Family PACT Medi-Cal provider

number;

2. S-Code primary diagnosis and any secondary diagnosis which may apply to the care being provided to the client;
3. Client's HAP Card number; and
4. For sterilization procedures, provide a copy of the Sterilization Consent Form (PM 330) to the rendering provider who will perform the procedure.

For the Rendering Medi-Cal Provider

1. Rendering providers may claim covered services delivered to Family PACT clients by submitting the following additional information on their Medi-Cal claim:

- The referring Family PACT provider's Medi-Cal number;
- S-code primary diagnosis and secondary diagnosis that may apply; and
- Client's HAP card number.

*Family PACT
providers can refer
clients to Medi-Cal
providers for Family
PACT covered services*

2. Claims submission is subject to Medi-Cal timeliness and guidelines.
3. If providing sterilization services to Family PACT clients, the consent form needs to be attached to the claim. Clients sign a PM 330, a copy of which is kept in the client's file.

FREQUENTLY ASKED QUESTIONS

◆ *Patient has PPO insurance with a \$20 deductible; will Family PACT cover the \$20 deductible?*

If all other eligibility criteria are met, clients who have other health insurance are eligible for Family PACT if other insurance requires an annual deductible or patient portion that has not been met on the date of service and creates a barrier to accessing family planning through that insurance. This access to Family PACT does not apply to insurance co-payments for client visits. Clients are responsible for co-payments, and the other insurance is billed.

◆ *A new patient has a positive pregnancy test. Is she eligible for Family PACT?*

Under Family PACT the patient is only eligible for a urine pregnancy test and counseling regarding her options. Because she is pregnant she is no longer eligible for other Family PACT services such as an exam or STI screening. The client may be enrolled in Medi-Cal Presumptive Eligibility (PE) for pregnancy-related services to cover additional services. If you are not a PE provider, arrange for referral to a PE Qualified Provider in your area.

◆ *Patient lost her NuvaRing; will Family PACT cover a replacement within the same month?*

A maximum of four rings may be reimbursed per recipient by any provider within a 90-day period. If the patient exhausts all on-site dispensed NuvaRings in 90-days, a written prescription may be issued. The pharmacist will generate a TAR as needed.

◆ *How do I stay current on changes to the Family PACT program?*

All changes made to Family PACT clinical benefits, policies or procedures are communicated to providers through the monthly Medi-Cal Bulletins or through official program letters distributed by OFP. This information should be distributed to all staff that are responsible for providing Family PACT services to clients. To view past Medi-Cal Bulletins go to the Medi-Cal website at www.Medi-Cal.ca.gov.

UPCOMING TRAININGS

The following Family PACT trainings are scheduled:

PROVIDER ORIENTATION & UPDATE

August 14, 2006 - Los Angeles

August 24, 2006 - San Diego

For more information call 1-877-FAMPACT or download registration forms from the Family PACT website.

SPECIAL FAMILY PACT CLINICAL SERVICES AND PHARMACY BENEFIT UPDATE

Additional workshops for current providers on changes effective August 1, 2006 to Family PACT clinical services and pharmacy benefits will be held from 12-1:15 PM at upcoming August Provider Orientation sessions listed above.

For more information call 1-877-FAMPACT (326-7228)

Family PACT

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